

2014 Camp Registration Form

Camper Name _____

Date of Birth _____

Grade in September _____

Address _____

Home Phone _____

Parent Name _____

Emergency Contact/Name _____

Email Address _____

Shirt Size Youth S M L XL Adult S M L XL Circle one

Place a check mark next to
the week(s) you would like your child to attend.

Week 1 (July 14-18)	_____
Week 2 (July 21-25)	_____
Both weeks	_____

****In case of inclement weather, days of camp that happen to be completely rained out will result in an extended day of camp the following day or made up the following week. This will be discussed with you the week of camp.**

Registrations should be mailed by **July 1st** to get an accurate number of campers attending. Please mail registrations to Matt Buglovsky, 8 Mountain Court, Bedminster, NJ 07921.

Make checks payable to Matt Buglovsky.

Camp space is limited to 60 campers per week, so registrations will be accepted on a first come—first serve basis. Thanks for your understanding.

Any questions regarding camp should be emailed to Mr. B (mrbsbaseballcamp@yahoo.com)

Health Certification Statement: I hereby certify that my son/daughter is in good physical health and may participate in all camp athletic activities.

X _____

Furthermore, my signature authorizes the camp staff to act using their best judgment in any emergency requiring medical attention. I hereby release and discharge Mr. B's Camp and staff from and against any liability or causes of action arising out of or in connection with participation in the camp.

